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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT				FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # F03 00000 4125					
1. Corporation Name Amerind, Inc.					
2. Principal Office Address 3060 Williams Drive			3. Mailing Office Address 3060 Williams Drive		
Subs. Apt. #, etc. 600			Subs. Apt. #, etc. 600		
City & State Fairfax, VA			City & State Fairfax, VA		
Zip 22031	Country USA	Zip 22031	Country USA	4. Date Incorporated or Qualified To Do Business in Florida: 8/18/2003	
5. FEI Number 54-1245105				Applied For Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>				§ 175 Addressed Enclosures for Status Certificate	
REINSTATEMENT					
7. Name and Address of Current Registered Agent					
Name CT Corporation System					
Street Address (P.O. Box Number is Not Acceptable) 1200 South Pine Island Road					
Suite, Apt. #, Etc.					
City Plantation		State FL	Zip Code 33324		
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0506 or 617.0503, F.S.					
Signature of Registered Agent: <u>Connie Bryan, Secy. Adm. Secretary</u> Date: <u>12/28/05</u>					
REGISTERED AGENT MUST SIGN					
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)					
Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director		City / State / Zip	
P/D	Kamlesh Chainani, CEO, President and Sole Director	3060 Williams Drive, Suite 600		Fairfax, VA 22031	
EMP/T	Allan Shure, Executive Vice President, CEO and Treasurer	3060 Williams Drive, Suite 600		Fairfax, VA 22031	
S	Mike Zarou, Secretary	3060 Williams Drive, Suite 600		Fairfax, VA 22031	
10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all taxes owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 118.07(3)(f), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.					
SIGNATURE: <u>M. M. ZAROU</u> Date: <u>12/23/05</u> (703) 752-8417					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

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TOTAL P.02

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Florida Department of State
Division of Corporations
Public Access System

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Division of Corporations
Fax Number : (850) 205-0384

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
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Fax Number : (850) 878-5926

CORPORATION REINSTATEMENT

AMERIND, INC.

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$758.75

Electronic Filing Map

Corporate Filing

Public Access Help

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